

fix health care, and I will be the first to admit we need to do that. But how we do it—how we do it is ultimately important, not just for the health care of Americans, but it will markedly impact our economy.

The very idea that we have to have another \$1.3 trillion to \$2 trillion to fix health care does not fit with any realistic set of facts anywhere else in the world. We spend twice as much per person in this country as anybody else in the world save Switzerland. We are not getting value for what we are buying.

Now, why aren't we? One of the reasons we are not is because you are not in control of your health care. You do not get to see a transparent price or quality or availability for what you purchased because we have given over the payment for that to some other organization. So we are less inclined to be prudent purchasers because it is not coming out of our pocket, whether it is Medicaid or Medicare or a health insurance plan. We ought to be about fixing that. And our health care cannot be about bureaucrats in Washington. It is personal. It is also local.

The trust in a patient-doctor relationship is enhanced by transparency of the cost and transparency of the quality. You ought to be able to go and buy a health care service and know what it is going to cost before you buy it, and you ought to know that you are likely to get great outcomes based on transparency of quality. That has to be there.

The second thing that has to be there is you have to know we are going to spend the dollars in a way to prevent you from getting sick, not just take care of you once you get sick. Grandmom was right: An ounce of prevention is worth more than a pound of cure. Yet we do not incentivize that in any of the Federal Government programs we have today. And we do some—especially in the ERISA-based plans or the company-owned plans, they have learned this.

A great plan that is out there that people are fortunate to have is Safeway. Safeway's health care costs have risen one-half of 1 percent in the last 4 years. The average of other plans of other employers has risen 42 percent. What is the difference? Why is it that Safeway, with 200,000 employees, has been able to have only half a percent, plus they also have increased satisfaction with the health care they are getting? What is the difference? The difference is prevention and wellness and management of chronic disease.

So anything we do that does not address prevention and incentivize it, wellness and incentivize it, and management of chronic disease and incentivize it will not make any fix we do here sustainable. We can cover everybody in the country. We can charge \$1.2 trillion or \$1.3 trillion to our kids over the next 10 years and we can get everybody covered, but if we have not fixed the sustainability to where we do not have a 7.2-percent automatic infla-

tion in health care every year, we will not have done anything. And it will not be long before we will not be able to afford it, and then we will take the people in the government-run option and we will put them into Medicare, and then we will do a price control.

There is no question that we need to carefully address America's health care challenge. We need to find immediate measurable ways to make it more accessible and affordable without jeopardizing quality. We need to make sure we give individuals choice at every point in the health care continuum. And we need to make sure we allow personalized care. We are not a bunch of cattle lining up in the chute. Everybody is different. Everybody needs to be able to make their own decisions.

On top of that, the No. 1 thing we have to do is protect the doctor-patient relationship. Half of getting well is having confidence in the person who is treating you. When you do not get to choose that, as you do not in Medicaid and oftentimes in Medicare because we are limited to the doctors who are taking Medicare, you are limiting the outcome.

If you cannot get treatment when you need it, there is a crisis. If you are denied the ability to choose the doctor or hospital that is best for you, that is a crisis for you. If you cannot afford the coverage you need for you and your family, then you have a crisis.

We need to stop looking at it from a global perspective and restore the humanity to health care. We need to focus more on people and less on the system.

I have a lot of ideas on health care. I, along with many others, have introduced the Patient's Choice Act, where we allow everybody to have insurance in this country. We equalize the tax treatment for everybody in this country.

All the studies say that any plan Congress puts forward, our plan will do as well or better with some major differences. We do not raise the cost at all. It does not cost anything. As a matter of fact, it saves the States \$1.3 trillion over the next 10 years just on Medicaid alone. And every Medicaid patient out there will have a private insurance program, and nobody will ever know if they got it through Medicaid or not. They will be truly accessing and having the care, and we will not raise taxes on anybody to do that—no one.

The other thing we do is, if you like what you have today, you can keep it. You absolutely can keep it. If what you have is what you want, it gives you care when you want it, access to the doctors you want or to the hospital you want, and you can afford it, you are going to keep it. But if you would like something different, and not be locked in, not having to stay at a job because you are afraid you will not have insurance when you leave, you need to look at what we are talking about.

There is no preexisting illness exclusion. There is no individual mandate,

although there is an auto enrollment where you can opt out. If you do not want health insurance, you do not have to take it, but you do not get the tax credit that goes along with buying it.

So, in fact, of the 46 million people who do not have access to care today through an insurance program, they will have it under this program, and they will have prevention, and they will have wellness, and they will have a medical home or an accountable care organization to manage their chronic disease, help them manage it. And they will get to do that where they want to do it, not where some bureaucrat tells them they will do it or where some insurance company tells them where they will do it.

We have a chance to hit a home run for the American people on health care—not just on their health care, but keeping us globally competitive, keeping jobs here at home instead of shipping them off where the labor costs and health care costs are less. We have a chance to hit two home runs. The question is, Will we do it?

We have before us in the HELP Committee a draft of a bill that has three big blanks on it. We do not have any analysis by the CBO on what it is going to cost. We have no knowledge about what it costs, and we are going to be marking that up in a week. We are supposed to get health care done in 6 weeks in this country, which is 17 percent of our GDP, one-sixth of our economy, and we are going to do it without knowing what we are doing.

The parameters under which this Senate is addressing health care are a prescription for disaster. What we should do is put out the bills, have a legitimate debate about what is a proper way to go, and let the American people hear the debate and see which way to go. I will tell you, if you allow the American people to decide: Here is a government-controlled option or here is my option, with me choosing everything, me not depending on the government, me making the choices for my family—when I want it, where I want it, and how I want it—individual freedom and liberty will win every time over a government-mandated program or a, quote, public government-run insurance company.

The PRESIDING OFFICER. The Chair reminds the Senator that his time under morning business has expired.

Mr. COBURN. Madam President, I ask for 10 additional minutes.

The PRESIDING OFFICER. Is there objection?

Mr. WHITEHOUSE. I do not object. It will be the last extension?

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. COBURN. I thank the Chair.

One of the questions we ought to ask the American people is: Would you rather pay the costs you pay today for the quality of care you currently receive or would you rather get in line, pay less, not have the same quality,